## This Form is for INTERNAL PT USE ONLY It does NOT get mailed to the applicant.

## NOTICE OF FILING / CLAIM FEE(S) DUE (CALCULATION SHEET)

| APPLICATION             | NUMBER:         |                   |                 | <u></u> |            |              |       |
|-------------------------|-----------------|-------------------|-----------------|---------|------------|--------------|-------|
|                         |                 |                   |                 |         | •          |              |       |
| Total Fee Calculation   |                 |                   |                 |         |            |              |       |
|                         | Fee Cade        | Total<br># Claims | Number<br>Extra | _ X     | Fee        | Fcc <b>-</b> | Total |
|                         | Sm./Lg          |                   |                 |         | Sm. Entity | Lg. Entity   |       |
| Buile Filing Fee        | 201/101         | . <i>i</i>        |                 |         | 355        | 210 -        | 7/0   |
| Total Claims >20        | 203/103         | 40 -20            | · <u>20</u>     | х       | 9          | 18.          | 36    |
| Independent Claims >3   | 202/102         | <u></u> .,        |                 | x       | 40         | 80.          | 80    |
| Mult. Dep Claim Present | 204/104         | •                 |                 |         | 135        | <u>a70</u> . |       |
| . Surcharge             | 205/105         | •<br>(6)          |                 |         | 65         | <u>130.</u>  | 130   |
| English Translation     | 139             | •                 |                 |         |            | ٠.,          | •     |
| TOTAL FEE CALCUL        | ATION           |                   |                 |         |            |              | 1280  |
| Fees due upon filing t  | he application: |                   |                 |         | ·          |              |       |
| Total Filing Fees Due   | = 5             | 1280              |                 | _       |            |              | •     |
| Less Filing Fees Subm   | iined - S       |                   |                 |         |            |              |       |
| BALANCE DUE             | = 5             |                   |                 |         |            |              |       |

Office of Initial Metent Examination